

SAMPLE

**CONFERENCE REQUISITION**  
**LOCKPORT CITY SCHOOL DISTRICT**

SAMPLE

PLEASE REVIEW THE CONFERENCE PROCEDURES AND REGULATIONS LOCATED ON THE BACK OF THIS FORM PRIOR TO COMPLETING THIS FORM  
ALL RELEVANT CONFERENCE MATERIALS MUST BE ATTACHED. FILL IN ALL BLANKS.

**EMPLOYEE INFORMATION**

**CONFERENCE INFORMATION**

Name: HOLLY DICKINSON  
Signature: Holly Dickinson  
Address: 123 MAIN ST, Lockport, NY 14094  
Today's Date: 01/07/2020  
Building/Location: BOE BUILDING / ADMINISTRATION  
Positions/Title/Grade Level: DIRECTOR

Title: 21st CCLC FALL CONFERENCE  
Day(s), Date(s), Time(s): 11/19 - 11/21  
Sponsor: NYSED  
Location: SCHENECTADY, N.Y.  
Will the vendor accept our purchase order?  Yes, if yes, enter registration fee amount only in section A, then complete section B.  
 No, if no, enter registration fee amount and any other expenses in section B.  
How much will be funded by the District?  50%  100%  
Is a substitute teacher required?  Yes  No

Please indicate which professional development goal(s) this conference requisition aligns with (check all that apply)

PROFESSIONAL DEVELOPMENT PLAN

DISTRICT / BUILDING STRATEGIC PLAN / SCHOOL IMPROVEMENT

**CONFERENCE EXPENSES - PLEASE LIST ALL ANTICIPATED EXPENSES**

Budget Code: FC20-0000-460-00-0000

Section A - Post Conference Payment  
(only if p.o. will be accepted)

Section B - Staff Member Paid  
To be reimbursed by District

Registration Fees  
Travel (air, train, car)  
Lodging  
Meals  
Misc. (tolls, parking, etc.)

	\$95.49
	\$312.00
	\$230.00
	\$153.00
	\$40.00
<b>Total Estimated Expenses</b>	
<b>Total Cost of Conference</b>	<b>\$830.49</b>

**AUTHORIZATION**

	YES	NO	SIGNATURE	DATE
Principal/Director/Supervisor Recommendation	_____	_____	_____	_____
Executive Director of Educational Services	_____	_____	_____	_____
Superintendent Approval	_____	_____	_____	_____